

2009 H1N1 Influenza Frequently Asked Questions Child Care & Early Childhood Program Providers

Updated: 12/9/2009

Closure

Question	Centers for Disease Control and Prevention (CDC) Guidance	Idaho Specific Additional Information & Recommendations
What is the threshold for child care closure?	<p>When influenza severity is <i>similar</i> to spring/summer 2009:</p> <ol style="list-style-type: none"> 1. Selective closure: Temporary closure when flu transmission is high in a community; balance risk of non-closure with potential adverse effects of closure. <p>When influenza severity is <i>higher</i> than spring/summer 2009:</p> <ol style="list-style-type: none"> 1. Reactive closure: The proportion of staff or children are absent or have fever or flu-like symptoms while at the child care facility decrease the ability of the facility to function. 2. Preemptive closure: Used as measure to decrease the spread of influenza among children; likely would be a recommendation by CDC or the state health department. 	Child care programs are encouraged to consult with their local public health district on child care closures. Local public health districts can provide information on influenza severity in the community and help child care programs in the decision-making process.
How long should the facility remained closed?	5-7 calendar days and reassess; might be longer with preemptive closures.	Local public health districts may also be consulted when planning to re-open a facility that has been closed.

Exclusions & Absences

Question	Centers for Disease Control and Prevention (CDC) Guidance	Idaho-Specific Additional Information & Recommendations
Can or should a provider mandate that staff stay home if they are part of the high risk group or have flu-like	<p>High risk populations are defined as:</p> <ul style="list-style-type: none"> • Children under 5 years of age • Pregnant women • Anyone with chronic medical conditions (e.g., diabetes, 	<p>It is recommended that each child care provider develop a company policy or practice that would:</p> <ul style="list-style-type: none"> • promote vaccination of staff at high risk • encourage unvaccinated staff at high risk to

<p>symptoms?</p> <p>If staff live or go to school in environments that have confirmed H1N1 cases, should that staff be allowed to work?</p>	<ul style="list-style-type: none"> • Anyone with immunosuppression • Anyone with neurocognitive or neuromuscular disorders (2009 H1N1 influenza) • Persons over 65 years of age (seasonal influenza) 	<p>and, as deemed appropriate by the child care provider,</p> <ul style="list-style-type: none"> • permit unvaccinated staff at high risk to use protective measures such as masks, work from home, or stay home if influenza severity is higher than spring/summer 2009 • screen all staff for illness, as deemed appropriate by the child care provider.
<p>What are the criteria for an exclusion period for ill children and staff?</p>	<p>Stay home for at least 24 hours after fever subsides without fever reducing medication (usually 3-5 days).</p> <p>If flu severity increases, exclude for at least 7 days or 24 hours after symptoms have resolved, whichever is longer.</p>	<p>Refer to the child care provider's policy regarding exclusions or ill children returning for care. If the provider does not have a policy, consider developing a contingency plan for children returning from an exclusion period. This may include a screening of the child for flu-like symptoms upon their return.</p>
<p>What should the provider do if a child returns for child care and is still ill, or is suspected to be ill?</p>	<p>No CDC-specific guidance; refer to above.</p>	<p>Refer to the child care provider's policy regarding exclusions or ill children returning for care. If the provider does not have a policy, consider developing a contingency plan for children returning from an exclusion period. This may include a screening of the child for flu-like symptoms upon their return and having a plan for how to manage a previously acutely ill child who still has a fever or respiratory symptoms.</p>
<p>Can a child still be contagious even after their fever resolves if they still have a cough?</p>	<p>People infected with seasonal and 2009 H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems and in people infected with the H1N1 virus. CDC's current recommendation is that children may return to</p>	<p>This is why it is important to continue good hygiene practices even after a previously acutely ill child returns to a facility.</p>

	<p>school/daycare if they are fever free for at least 24 hours without fever reducing medication (usually 3-5 days). If flu severity increases, exclude for at least 7 days or 24 hours after symptoms have resolved, whichever is longer.</p>	
<p>If a staff member stays home to care for a sick family member, when is it safe for them to return to work?</p>	<p>Persons caring for ill family members should avoid being face-to-face with the sick person; wash hands after touching the sick person, used tissues, or laundry; try to wear a facemask or N95 disposable respirator when less than 6 feet away from the ill person; and monitor themselves for illness.</p> <p>Employees who are well but who have an ill family member at home with 2009 H1N1 flu can go to work as usual. These employees should monitor their health every day, and take everyday precautions including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective.</p> <p>If the employee becomes ill, the employee should notify their supervisor and stay home at least 24 hours after they have no fever without using fever reducing medication. Employees who have an underlying medical condition or who are pregnant should call their health care provider for advice, because they might need to receive influenza antiviral drugs to prevent illness.</p>	

Vaccinations

Question	Centers for Disease Control and Prevention (CDC) Guidance	Idaho-Specific Additional Information & Recommendations
<p>What are the vaccine recommendations for children and staff?</p>	<p>Seasonal flu vaccinations are recommended for everyone.</p> <p>H1N1 vaccinations are initially recommended for:</p> <ul style="list-style-type: none"> • Pregnant women 	<p>For seasonal flu vaccine, call your health care provider, your local public health district, or 2-1-1 Idaho CareLine to find a seasonal flu vaccine.</p>

	<ul style="list-style-type: none"> • Persons who live with or provide care for infants under the age of 6 months • Health care and emergency medical service workers • Persons aged 6 months through 24 years • Persons aged 25 through 64 years with medical conditions that put them at high risk for influenza-related complications <p>When there is enough available vaccine, it will be recommended for anyone wishing to avoid H1N1 influenza.</p>	Go online to www.panflu.idaho.gov and click on Find Vaccine for 2009 H1N1 influenza vaccine availability and clinic locations for community vaccination.
Will child care providers be asked to provide proof of their occupation to receive a vaccination?	No CDC-specific guidance.	At the time you receive the vaccine, you might be asked what type of work you do. It is unlikely you would be asked for credentials. An identification badge or pay stub/check from the child care provider could help show that an individual works with infants and should receive the vaccine.
How much will the 2009 H1N1 influenza vaccination cost?	The vaccine itself is free of cost; however, there may be an administrative fee, depending on the provider of the vaccine.	The vaccine itself is free of cost; however, there may be an administrative fee, depending on the provider of the vaccine. Public health clinics do not charge an administrative fee and currently are not billing insurance plans for vaccine administration.

Miscellaneous

Question	Centers for Disease Control and Prevention (CDC) Guidance	Idaho-Specific Additional Information & Recommendations
What does the provider do when a child has a suspected case of H1N1?	Children and staff who appear to have a flu-like illness upon arrival should be sent home. Children who develop symptoms of flu-like illness while at the child care program should promptly be separated from other children and staff until the parent or guardian arrives to take the sick child home. While this may be challenging for some home-based	

	<p>providers, they should provide a space where the child can be comfortable and supervised at all times.</p>	
<p>How should the provider care for a child that becomes ill to protect staff and other children from becoming ill as well?</p>	<p>Early childhood providers who care for persons with known, probable, or suspected H1N1 or flu-like illness may consider wearing appropriate personal protective equipment. When caring for an ill infant or young child, the caregiver should try to position the child’s head to minimize the child’s coughing directly into the faces of others, if possible. Visit: http://www.cdc.gov/h1n1flu/masks.htm or www.flu.gov for more information on personal protective equipment and how to recommend it to employees.</p> <p>Ill persons should be placed in well-ventilated areas where at least 6 feet of distance can be maintained between the ill person and others. Child care programs should designate such an area in advance. This area should not be one commonly used for other purposes, such as the playroom or a space through which others regularly pass. This area should be child-proofed and children should receive appropriate and safe supervision there. A limited number of staff should be designated to care for ill children until their parents arrive. These should be people who are not at high risk of flu complications (for example, pregnant women or persons with chronic medical conditions).</p> <p>Staff who develop symptoms of flu-like illness while at the early childhood program should be separated from children and other staff and promptly sent home. When possible, and if the sick staff member can tolerate it, he or she should wear a surgical mask when near other persons. Visit: http://www.cdc.gov/h1n1flu/guidance_homecare.htm for information on caring for a sick person.</p>	

<p>Some parents may ask the child care provider if they should take their child to the doctor. What is some guidance to give to parents?</p>	<p>Children, especially those younger than 5 years of age and those who have high risk medical conditions are at increased risk of influenza-related complications. Among children less than 5 years, the risk for severe complications from seasonal influenza is highest among children less than 2 years old.</p> <p>Parents of children who are at high risk of complication from influenza and become ill with flu-like symptoms should call their health care provider as soon as possible to determine if the child need antiviral treatment. Early treatment (within 28 hours of onset of illness) with antiviral medications can decrease the risk fo severe illness from influenza.</p> <p>Illnesses caused by influenza virus infection are difficult to distinguish from illnesses caused by other respiratory pathogens based on symptoms alone. Young children are less likely to have typical influenza symptoms (e.g., fever and cough) and infants may present to medical care with fever and lethargy, and may not have cough or other respiratory symptoms or signs.</p> <p>Symptoms of 2009 H1N1 influenza include:</p> <ul style="list-style-type: none"> • Fever over 100 degrees Farenheit • Cough • Sore throat • Stuffy or runny nose • Body aches • Headache • Chills • Fatigue 	
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	<p>In children, emergency warning signs that need urgent medical attention include:</p> <ul style="list-style-type: none"> • Fast breathing or trouble breathing • Bluish or gray skin color • Not drinking enough fluids • Severe or persistent vomiting • Not waking up or not interacting • Being so irritable that the child does not want to be held • Flu-like symptoms improve but then return with fever and worse cough 	
<p>What are the recommended cleaning products that we should use to disinfect the facility?</p>	<p>Areas and items that are visibly soiled should be cleaned immediately, and all areas should be regularly cleaned – with a particular focus on items that are more likely to have frequent contact with the hands, mouth, and bodily fluids fo young children. Additional disinfection of environmental surfaces beyond routine cleanign is not required.</p> <p>Disinfectants that are approved by the EPA for use against influenza A viruses on hard surfaces can be found by following the link: http://www.epa.gov/oppad001/influenza-disinfectants.html</p> <p>Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry. However, this is not</p>	

	<p>a substitute for frequent and thorough hand washing.</p> <p>Clean and disinfect hard surfaces and items in homes and schools. Follow label instructions carefully when using disinfectants and cleaners.</p> <ul style="list-style-type: none"> • Pay attention to any hazard warnings and instructions on the labels for using personal protective items (such as household gloves). • Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death. <p>Keep hard surfaces like kitchen countertops, tabletops, desktops, and bathroom surfaces clean and disinfected.</p> <ul style="list-style-type: none"> • Clean the surface with a commercial product that is both a detergent (cleans) and a disinfectant (kills germs). These products can be used when surfaces are not visibly dirty. • Another way to do this is to wash the surface with a general household cleaner (soap or detergent), rinse with water, and follow with a disinfectant. This method should be used for visibly dirty surfaces. • Use disinfectants on surfaces that are touched often. Clean the surface as explained above before using disinfectants. 	
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	<p>If disinfectants are not available, use a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart (4 cups) of water; use a cloth to apply this to surfaces and let stand for 3 – 5 minutes before rinsing with clean water. (For a larger supply of disinfectant, add ¼ cup of bleach to a gallon [16 cups] of water.)</p> <ul style="list-style-type: none"> • Wear gloves to protect your hands when working with strong bleach solutions. • Keep surfaces touched by more than one person clean and disinfected. Examples of these surfaces include doorknobs, refrigerator door handles, and microwaves. • Clean with a combination detergent and disinfectant product. Or use a cleaner first, rinse the surface thoroughly, and then follow with a disinfectant. • Use sanitizer cloths to wipe electronic items that are touched often, such as phones, computers, remote controls, and hand-held games. • Use sanitizer cloths to wipe car door handles, the steering wheel, and the gear shift. <p>Use recommended laundry practices</p> <ul style="list-style-type: none"> • Gently gather soiled clothing, bedding, and linens without creating a lot of motion or fluffing; for example, do not shake sheets when removing them from the bed. • Clean your hands after handling soiled laundry items. 	
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	<ul style="list-style-type: none"> • Use washing machine cycles, detergents, and laundry additives (like softener) as you normally do; follow label instructions for detergents and additives. • Dry the cleaned laundry items as you normally do, selecting the dryer temperature for the types of fabrics in the load. Line- or air-drying can be used to dry items when machine drying is not indicated. • Clean your hands before removing clean laundry from the washer or dryer, especially if you have coughed or sneezed on your hands. <p>Use recommended waste disposal practices</p> <ul style="list-style-type: none"> • Toss tissues into waste baskets after they have been used for coughs, sneezes, and blowing your nose or a child’s nose. • Wash your hands immediately after disposing of tissues. • Place waste baskets where they are easy to use. • Avoid touching used tissues and other waste when emptying waste baskets. • Wash your hands after emptying waste baskets. 	
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Please submit additional questions to: panfluidaho@dhw.idaho.gov , and use the words “Child Care Questions” in the subject line.

Note: This Frequently Asked Questions document was developed based on the most current information available. It will be updated as new guidance is released nationally.